

HOME Program Eligibility Release Form

City of Cincinnati
805 Central Ave., Suite 700
Cincinnati, Ohio 45202

Information Covered: Inquiries may be made about items initiated by applicant/tenant.

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

American Dream
Downpayment Initiative

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list)	X	
Dependent Deduction		
Full-Time Student		
Handicap/Disabled		
Family Member		
Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date
Family Member #1

Other Adult Member of the Household—Signature, Printed Name, and Date
Family Member #2

X

X

Other Adult Member of the Household—Signature, Printed Name, and Date
Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date
Family Member #4

X

X

See reverse side for instructions.

1. The applicant and co-applicant (if applicable) must initial each of the boxes as indicated in the upper right portion of the form.
2. All adult members of the household who have entered information on the **Income Worksheet** must sign where indicated at the bottom of the form.
3. This form will be sent to third party sources (if necessary) to verify information you have provided on the Income Worksheet. Your signature indicates your permission for these parties to provide requested information.